Only

STATEMENT OF

PAGE 1 / 8 =

FEC FORM 1			RGAN		NC										
4 NAME OF		,	01 - 1 - 17				_			_	fice Us	e Only	У		
1. NAME OF COMMITTEE (in	full)		Check if names changed)		mple:If typ r the lines.	ing, type	1	2FI	34M5	5					
Tom Patti F	or Co	ngres	S												
ADDRESS (number a	nd street)	9460 Teg	gner Road												
(Check if a		1			1 1 1			1	l l	1 1	1 1	ı	1 1	1 1	. 1
is changed	1)	Hilmar						CA		953	24		1 1		
		CI	TY 🛦] [STATE	▲			ZIF	, COI	DE 🛦	
COMMITTEE'S E-MA	AIL ADDRE	ESS													
(Check if a is changed		kellyla	wler@theka	llgroup.cor	n 										
_		Optional	Second E-Ma	ail Address											
COMMITTEE'S WEB (Check if a is changed	address	DRESS (UI	RL)												
2. DATE 09	9 0	D / Y	2022												
3. FEC IDENTIFIC	CATION N	UMBER ▶	C	C0079216	88										
4. IS THIS STATEN	MENT X	NEW	(N) O	R [AME	NDED (A)									
certify that I have e	examined t	his Stateme	ent and to the	best of my	knowledge	and belie	f it is t	rue, d	correc	t and	com	olete.			
Type or Print Name o	of Treasure	er Lawler, I	Kelly, , ,												
Signature of Treasure	er <i>Lawl</i> e	er, Kelly, , ,			[Electronica	ully Filed]	Da	te	09) /	0.	1	/ Y	2022	YYY
NOTE: Submission of	false, erron		omplete inform ANGE IN INFO								penal	ties o	f 52 l	J.S.C.	§30109
Office Use						information ction Comm 00-424-9530	ission	ct:			FE(ORN 06/20		

Local 202-694-1100

E	EC Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
	Name of Candidate Patti, Thomas, , ,	
	Candidate Party Affiliation REP Office Sought: House Senate President	State CA District 09
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	00
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, expension of the Committee of the Commi	etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
	Corporation Corporation w/o Capital Stock Labor Org	ganization
	Membership Organization Trade Association Cooperati	ve
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC	>).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1C	

	FEC Form 1 (Revis	sed 02/2009)	Page 3
۷	Vrite or Type Committee N	lame	
	Tom Patti Fo	or Congress	
6.		ed Organization, Affiliated Committee, Joint Fundraising Representati	ve, or Leadership PAC Sponsor
	Patti for CA-09		
	Mailing Address	PO Box 30844	
		Bethesda MD	20824 - -
		CITY ▲ STATE	▲ ZIP CODE ▲
	Relationship: Conne	ected Organization X Affiliated Organization Joint Fundraising Representation	
	riciationship.	Annualed Organization Control variations and representation	Ecadership TAO Oponso
7.	Custodian of Records: I books and records.	Identify by name, address (phone number optional) and position of the per	rson in possession of committee
	Full Name	r, Kelly, , ,	
		₁ PO Box 730	
	Mailing Address		
		Hilmar 	95324
		CITY ▲ STATE	▲ ZIP CODE ▲
	Title or Position ▼	- · · · · · · · · · · · · · · · · · · ·	
	Record Keeper	Telephone number	209 656 1542
		Telephone number	
8.	Treasurer: List the name	e and address (phone number optional) of the treasurer of the commit	tee: and the name and address of
	any designated agent (e		,
	Full Name Lawler	r, Kelly, , ,	
	of Treasurer		
	Mailing Address	PO Box 730	
		1	
		Hilmar	95324
	Tills and Bratis	CITY ▲ STATE	▲ ZIP CODE ▲
	Title or Position ▼		000 050 151-
	Treasurer	Telephone number	209 - 656 - 1542

FEC Form 1 (Re	vised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
		Telephone number	
Banks or Other Depo safety deposit boxes of	ositories: List all banks or other depositories in whor maintains funds.	nich the committee deposits fund	ds, holds accounts, rents
Name of Bank, Depos	sitory, etc.		
Tri	Counties Bank		
Mailing Address	2001 Geer Road		
	Turlock	CA L	95382
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depos	titory, etc.		
Ev	olve Bank and Trust		
Mailing Address	301 Shoppingway Boulevard		
	West Memphis	AR L	72301
	CITY ▲	STATE ▲	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

or 9 Page $\frac{5}{}$ of $\frac{8}{}$

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	C
2.			FEC ID number	C
3.	1		FEC ID number	C
4.			FEC ID number	С
	-	Organization, Affiliated Committee, Joint Fundrai USE California 2022	ising Representative	e, or Leadership PAC Sponsor
	Mailing Address	PO Box 30844		
	Maining / Maineoo			
		Bethesda	, , MD ,	20824
	Relationship:	CITY ▲	STATE A	ZIP CODE A
			Fundraising Representa	
	Connected	Organization Affiliated Committee	-undraising Hepresent	ative Leadership PAC Sponsor
B. Desig	nated Agent: Identify	by name, address (phone number - optional)		
		by name, address (phone number - optional)		
Fu	ull Name	by name, address (phone number – optional)		
Fu		by name, address (phone number – optional)		
Fu	ull Name	by name, address (phone number – optional)		
Fu	ull Name	by name, address (phone number – optional)		
Fu M	ull Name	CITY A	STATE A	ZIP CODE A
Fu M	ull Name	CITY A	STATE A	
Fu M	ull Name	CITY A	1	
Fu Ma T ——————————————————————————————————	ailing Address TITLE OR POSITION s or Other Depositori	CITY CITY Tele des: List all banks or other depositories in which the	ephone Number	ZIP CODE A
T	ailing Address TITLE OR POSITION s or Other Depositoric deposit boxes or mai	CITY CITY Tele des: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦
A. Banks safety	ailing Address TITLE OR POSITION s or Other Depositori	CITY CITY Tele des: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦
A. Banks safety	ailing Address TITLE OR POSITION s or Other Depositori deposit boxes or mai	CITY CITY Tele des: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦
A. Banks safety	ailing Address TITLE OR POSITION s or Other Depositoric deposit boxes or mail of Bank, sitory, etc.	CITY CITY Tele des: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦
A. Banks safety	ailing Address TITLE OR POSITION s or Other Depositoric deposit boxes or mail of Bank, sitory, etc.	CITY CITY Tele des: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page ___ **of** ___

5(g) (or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	Name of Any Connected Patti Victory Fund	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	Mailing Address	9460 Tegner Road		
		Hilmar	L CA	95324
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)	1 1 1 1 1 1 1	
	Mailing Address			
		1		I I_I I
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
	TITLE OR POSITION	•	STATE ▲ ephone Number	ZIP CODE A
9.		Tel	ephone Number	
9.	Banks or Other Depositor	Tel	ephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma	Tel	ephone Number	
9.	Banks or Other Depositor safety deposit boxes or man Name of Bank, Depository, etc.	Tel	ephone Number	
9.	Banks or Other Depositor safety deposit boxes or man Name of Bank, Depository, etc.	Tel	ephone Number	

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ____

TITLE OR POSITION Banks or Other Depositor Safety deposit boxes or many Name of Bank, Depository, etc. Mailing Address	ries: List all banks	or other depositories in wh	Telephone Number	osits funds, holds	
Banks or Other Deposito cafety deposit boxes or management of Bank, Depository, etc.	ries: List all banks			osits funds, holds	
Banks or Other Deposito cafety deposit boxes or management of Bank, Depository, etc.	ries: List all banks			osits funds, holds	
Banks or Other Deposito safety deposit boxes or ma	ries: List all banks			osits funds, holds	
Banks or Other Deposito	ries: List all banks			osits funds, holds	
TITLE OR POSITION	▼		Telephone Number		
TITLE OR POSITION	▼	· · · · –			OODL A
		CITY A	STATE 4	ZIP	CODE A
Mailing Address					
Full Name					
Designated Agent: Identify	y by name, address	(phone number – optional)		
Connected	d Organization	Affiliated Committee	oint Fundraising Repres	entative Lead	lership PAC Spo
Relationship:		CITY A	STATE	▲ ZI	P CODE ▲
	Bethesda		MD	20824-084	14 -
J					
Mailing Address	PO Box 30844				1 1 1 1 1
Take Back the Ho	ouse 2022				
Name of Any Connected	Organization, Affili	ated Committee, Joint Fu	ndraising Representa	tive, or Leadersh	ip PAC Spons
4.			FEC ID numbe	er C	
			FEC ID numbe	er C	
3.			FEC ID numbe		
2			FEC ID number	er C	

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page _8_ **of** 8___

	g Participant:			
1.		FEC	ID number	С
2.		FEC	ID number	С
3.		FEC	ID number	C
4		FEC	ID number	С
	Organization, Affiliated Committee, J	oint Fundraising F	epresentativ	e, or Leadership PAC Spons
NRCC California				
Mailing Address	228 S. Washington Street			
	Suite 115			
	Alexandria		VA L	22314
Relationship:	CITY ▲		STATE ▲	ZIP CODE ▲
Connected	d Organization Affiliated Committee	X Joint Fundrais	ing Represent	ative Leadership PAC Spo
beolghatea Agent: Identil	y by name, address (phone number – c	ptional)		
Full Name	1			
	CITY A		STATE A	ZIP CODE A
Mailing Address	CITY			
Mailing Address TITLE OR POSITION	ries: List all banks or other depositorie	Telephone s in which the com	STATE ▲ Number	
Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail of Bank, Depository, etc.	ries: List all banks or other depositorie	-	STATE ▲ Number	